

Announcement of Funding for Adult Alcohol and Drug Abuse
Clinical Treatment and Recovery Services
Response to Questions

Eligibility

Question: Under the eligibility section it only shows two types of entities, a non-profit and a governmental agency. Is there a way we can apply for funding and be a part of the block grant if we do not meet either of those requirements?

Answer: No, this funding is only for those who meet the requirements of a non-profit entity or a governmental agency.

Question: XYZ Agency does not have an Edison Number but ABC Agency will be entering the encounters into TNWITS. Do we use ABC Edison number then pay XYZ 8% admin fee, the way it is set up with the IRS or do we establish an Edison number for HHF?

Answer: You will need an Edison number for the new entity. Submitting a proposal is not dependent upon having an Edison number.

Question: If two (2) organizations come together to submit a proposal, how is the experience evaluated for the organizations?

Answer: Only one agency could submit or you would need a new 501 (C) (3).

Question: Can the proposing entity, a 501 (c) (3), sub contract with other 501 (c) (3) specialists/ programs in order to create a continuum? If yes, is there any specific information/guidelines or preferences that DADAS can share?

Answer: Yes, you can subcontract.

Question: Will a proposal be reviewed and scored if the applicant has a pending 501 (c) (3) request to the IRS?

Answer: Yes.

Question: How does the department define Partnerships and are there guidelines regarding the structure of such partnerships?

Answer: There are no current guidelines. The AOF is asking if you have a partnership with any community agencies for services you do not provide and if so, to provide that information.

Question: Can you submit a proposal as one agency, and participate in a partnership with another agency, submitting a proposal for different services?

Answer: We will need further clarification in order to answer this question.

Question: On Page 39 of the AOF eligible service recipients exclude those enrolled in TennCare. It is our understanding that all pregnant women who otherwise meet TennCare

eligibility requirements are eligible/enrollable for TennCare. If that is true can you clarify who the State has primarily designed these funds to cover?

Answer: In the scope of services for Women's services on page 50 in the AOF under Service Recipients it states "Is indigent and has no other financial means of obtaining alcohol and drug use and abuse or co-occurring alcohol/drug and psychiatric disorder services, is not eligible for Tennessee's Medicaid program, TennCare, or other third party alcohol and drug use and abuse or co-occurring alcohol/drug and psychiatric treatment benefits, or does not have any other limited third party health benefits payor source or have **depleted** their TennCare or other third party alcohol and drug abuse treatment benefits limit".

Question: Rod stated that WRS funds could not be used for any TennCare covered clients until those benefits were exhausted. TennCare and other carriers do not reimburse for wraparound services (recovery support, parenting skills groups, recovery skills groups, transportation, medication training and support, etc.) These services were allowed in prior service years and women were allowed to enroll in WROS to receive them. These clients were receiving TennCare covered services IOP and case management paid for by TennCare and wraparound services that were not covered by TennCare. Does Rod's statement mean that this practice is not longer allowed in total.

Answer: A women enrolled in TennCare could still receive recovery support services as long as she was enrolled in a treatment service (IOP, OP) through TennCare.

Question: Should our IRS 501 (c) (3) Tax Exempt letter be labeled as an attachment and attached behind the proposal itself – after the job descriptions and organizational chart? Or do you want it to be submitted separately?

Answer: It should be submitted as an attachment.

Question: Do you want us to label each job description and the organizational chart with the heading "Attachment B" or is that label just used for clarification purposes in the Announcement? Likewise for the cover sheet – should we put "Attachment A" at the top?

Answer: Yes, label with Attachment A, B.

Question: You do not ask for copies of facility licenses or accreditations. Does that mean it will suffice to simply list the licenses and identify the accrediting body (and describe the accreditations) in the narrative?

Answer: Yes, you may just list that information with the expiration date.

Question: In regard to job descriptions: on page 8 it states, "Worksheets (Attachments A and B must be used and the format cannot be altered." However, on page 21 (regarding job descriptions) it states, "This form may be used or provide an existing job descriptions as long as they include all of the information requested on the Attachment B form? If yes, does the information on the job description have to be in the same order as on the Attachment B form? For example, is it okay for "Qualifications" to come before "Duties", or "Responsibilities" after "Qualifications?"

Answer: Yes, you may submit an existing job description. It does not need to be in the exact order as the Attachment as long as all of the information is covered.

Transmittal Letter

Question: Does the agency create this letter, and if so is there a format we should follow?

Answer: Yes, the agency will just submit a letter with their information and signed by an authorized representative of the agency.

Question: Would you provide guidance/instructions and/or a template for the required Transmittal Letter?

Answer: The Transmittal Letter is just a letter with the agency name and signed by an authorized representative of the agency.

Budget

Question: Could you elaborate on the budget project and the expectation?

Answer: We are not asking for budget forms at this time. We do not know our budget for fiscal year 12/13 at this time.

Question: How much funding is available for each of the services? Specifically, what is the maximum amount we can request for the Pregnant/Post Partum Intensive Outpatient Services?

Answer: We do not know our budget for fiscal year 12/13 at this time. Once we get that information we will make determinations for funding based on population, regional needs and the scope of services that the proposer will be providing.

Question: There are no budget forms or instructions pertaining to the budget. When will these be released so that we can complete this part of the application?

Answer: We are not requesting budget forms to be completed at this time. We do not know our budget for fiscal year 12/13 at this time. You will not need to complete a budget at this time.

Question: Are we writing fee for service or salary positions?

Answer: The proposals are based on a unit rate for the services.

Question: The XYZ agency as such has only one position. However, The ABC Agency has many positions that will provide services for this grant. Are we to submit the job descriptions for ABC Agency staff, too, as the contracted service provider for this grant?

Answer: Yes.

Question: The RFP does not mention budget worksheets or additional attachments outside of the Job Description and Organizational Chart worksheets. I guess I'm just curious about what the process looks like (will these be requested later?), or if I am missing something that is very important.

Answer: You are correct, we are not requesting budget sheets at this time since we do not know what our fiscal year 12/13 budget will be. Once we get that further budget information funding will be based on population, regional needs and the proposer's scope of services to be provided.

Question: Are indirect costs allowed and if so is there any cap on indirect costs?

Answer: All proposals are based on a unit rate contract where all funding is located under professional fees.

Question: Attachment "B" discusses the project budget, but isn't mentioned as a part of the proposal. Please clarify the "project budget."

Answer: We are not requesting budget forms to be completed at this time. We do not know our budget for fiscal year 12/13 at this time. You will not need to complete a budget at this time.

Question: Will there still be co-occurring rates:

Answer: There will be a base rate and then upgraded rates based on if an agency has been assessed as Co-occurring Capable or Co-occurring Enhanced.

Proposal Information Session

Question: Would you please clarify when the Proposal Information Session will take place as on page 4 it states 11 AM but on page 7 it states 1 PM.

Answer: There was an amendment to the AOF that was posted on the Department website clarifying the date and times for the meeting which was changed to Wednesday January 4th from 1:00 to 3:00 P.M. CST.

Proposal Narrative

Question: On page 11, 1.10.4.4 – Where is 2.11, 2.12 and 2.13 it refers to?

Answer: There was an Amendment Two posted on the department website to address this question. The response is as follows: Section 1.10.4.4. on page 11 is amended by changing to the following – The Proposal Narrative consists of Subsections 2.1.1 through 2.1.10 and applicable additional Sections 2.3, 2.4. and/or 2.5.

Question: On page 13, 2.1.8. - Explain what security measure you are looking for? Something special as in training or a security guard?

Answer: This is up to the agency to describe any safety/security measures that are in place to ensure the safety of staff, individuals, and the community which could include policies regarding fire drills, etc.

Question: Is the grant to be typed from the web site or on Microsoft Word?

Answer: Microsoft Word.

Question: On page 13, Section 2.3.1. – If we plan on offering a level of care prior to the start date of the contract (7/1/12), but are not currently providing that level, I assume that

we should go ahead and check that level of care – since it will be part of the continuum that will be funded under this contract – correct? For example, if we plan on starting a partial hospitalization program prior to 7/1/12 of the contract, we should check that box – because this funding will be supporting that program.

Answer: Yes.

Question: Do the Proposal Checklist and Proposal Order forms (pg 17-19) need to be submitted with the proposal, or are they just for our use?

Answer: These are for your use and do not need to be submitted.

Question: The RFP states that the Narrative Sections (General Questions) and 2.3, 2.4 and 2.5 (Program Specific Questions) may not exceed 15 pages. 2.1 & 2.3 (...) are added together to arrive at 15 pages. Section 2.3, 2.4 and 2.5 are sections pertaining to each of the three focus areas of the proposal. If we submit for multiple proposal areas, is the 15 page limit for

(ex.) Sections 2.1 + 2.3 = 15

Or is it

(ex.) 2.1 + 2.3 = 15; Section 2.1 = 2.4 = 15.

Answer: The answer is the second example.

Question: Section 2. states, “Together, the Proposal Narrative may not exceed fifteen (15) pages”. We interpret this to mean sections 2.1 and 2.3, 2.4 and/or 2.4 combined. Is this correct?

Answer: No, it would be 2.1 and 2.3 could be 15 pages and 2.1 and 2.4 could be 15 pages.

Question: Can the proposing entity, a 501 (c) (3), subcontract with a for-profit entity?

Answer: No.

Question: For the proposal narrative format does the grantor want Attachment C, the intended scope of services for each individual program (A.1 – A.9 for each program), to be a part of the proposal narrative in terms of responding to the information provided OR is Attachment C intended as a reference for the grantee and to respond only to the specific questions outlined in the proposal narrative (sections 2.1 – 2.5)?

Answer: It is intended as a reference.

Question: Section 2.3 states “select which programs listed below the proposing entity intends to deliver and respond to each question and statement under each section. Does this mean that each program shall answer each question? Please clarify.

Answer: You only need to indicate all services for which you are proposing to provide and answer one time.

Question: On page 15, item number 2.3.5. asks about describing consumer’s accessibility to Recovery Support Services. This item is within the Adult continuum section. Is this intended to include Addictions Recovery Program (ARP) services as those described?

Answer: Yes and any other community recovery services that are accessible to your consumers.

Question: Can or should we submit policies, plans, or other documents related to a particular question as attachments to our proposal, i.e., Cultural Diversity Plan, Safety Procedures, etc.? In other words, we would briefly describe and reference the document in the narrative section with a note “see Attachment D.” And if so, will those documents count toward the 15 page Proposal Narrative limit?

Answer: Yes you will need to answer the question and describe any attachment and then reference the attached document. The attachments will not count toward the page limit and will not be scored.

Question: Can you have PIO/WIO in the same groups?

Answer: If you are funded for PIO specifically it is preferable to have separate groups but if you do not have the minimum number (6) to make up a group then you could combine as long as you provide some information that is specific to pregnant women. The intent would be that once you had enough to make up a group you would separate the groups.

Question: In section 2.3.4. regarding evidence-based curricula, will it suffice to simply state that we use the “Hazeldon Co-occurring Disorders Program,” or should we describe it in more detail – describing the curriculum modules, etc.?

Answer: You should not only list the curricula but explain how it will be implemented at your agency and how you will assure fidelity to the model.

Question: Could you send us the name (s) of the state approved Tele-medicine equipment/technology that was mentioned.

Answer: -- Must be ITU-T H.323 compliant.

-- Must be session initiation protocol (sip) compliant. Reference Network working group request for comments 3261 (rfc 3261).

-- Must be H.460 compliant.

-- Must be compliant with H.261, H.263, H.263+, and H.264 video standards.

-- Must be ITU-T G.711, G.722, G.722.1 and G.728 compliant.

-- Must be H.239 capable. Systems must be capable of H.239 data exchange without the purchase of additional or supplemental software licensing.

-- Must include H.281 far-end camera control.

-- Must be H.243 multipoint compatible.

-- Must be able to receive and display graphics with a minimum resolution of XGA (1024 x 768).

-- Must provide minimum data rates of 384 kbps over LAN.

-- Must have video inputs for main camera, document camera, and VCR for playback.

-- Must have video outputs for main monitor, second additional monitor and VCR for recording.

-- Must use H.221 communications protocol.

-- Minimum video framing rate of 30 frames-per-second on 384 kbps calls.

-- Must include browser-based management.

-- Must be compatible with TCP/IP, DNS, SNMP, DHCP, FTP and Telnet.

Question: If you are applying for multiple levels of care within the continuum do you have to recreate the check boxes (page 14)?

Answer: You do not have to recreate the check boxes but can just use bullets or put in a paragraph form.

Question: One previous wraparound service, leisure/recreational was not on the list. Was it dropped from the list or was it an omission?

Answer: This was an omission and will be on the Amendment Three Attachment.

Peer Support Specialists

Question: Does the inclusion of reference to the Peer Support Specialist indicate that this is a program for A&D that is now reimbursable (as it is for Mental Health), and if so from what payment source would that come?

Answer: If an agency plans to provide peer support they need to address this in the proposal. This is not a TennCare covered service at this time.

Question: Please provide more detailed information on how DADAS perceives best utilizing and scope of service as it relates to peer support specialists?

Answer: If an agency plans to provide peer support as a part of their proposal they will need to address how these peer support specialists will be utilized.

Question: Explain how the Proposing entity will involve a Peer Support Specialist in the provision of services. Is this a certified Peer Support Specialist that is currently being used under Mental Health? Will there be additional funding for this service or is this an additional cost that the Proposing entity will have to absorb with the current funding? Currently LADAC's, other counselors, and support staff that are in recovery fill those requirements for A & D services, is this sufficient and do we just need to explain that in the narrative?

Answer: For purposes of this AOF a Peer Support Specialist is someone who can provide mentoring, education and support to those in treatment and recovery. This is not a Mental Health TennCare billable service.

Question: By using the term "Peer Support Specialists: (page 13, item 2.1.4.) are you referring to the position of Certified Peer Support Specialist" that sometimes (typically at a mental health center) can be a reimbursable (billable) position, or are you using the term in the more generic context which would include positions such as a "Recovery Support Specialist" at an A&D/Co-occurring recovery home – not certified, but certainly with training in AOD/MH and performing the responsibilities of a Certified Peer Support Specialist.

Answer: The Peer Support Specialist referred to in the AOF is not a reimbursable TennCare specialist but someone who provides mentoring, education and support to those in treatment and recovery.

Question: Would a sponsor be considered a peer support specialist?

Answer: No, a sponsor would not be considered a peer support specialist.

Tele-Medicine

Question: What would be the preferred scope of services for electronic Tele-medicine?

Answer: Intensive Outpatient Services.

Question: Describe the Proposing entity's ability to provide Assessment and Intensive Outpatient Treatment Services via electronic Tele-medicine. Does telephone communication between client and doctor/counselor qualify for this method?

Answer: No, only state approved Tele-medicine equipment would qualify and this equipment would be used to provide assessment and IOP group services.

Question: Please elaborate on the provision of "Assessment and IOP treatment services via electronic Tele-medicine". How would this fit into the present delivery of services as well as billing/payment? Would the costs of this service be funded by reimbursement by the state?

Answer: If you plan to provide Tele-Medicine services as part of your IOP services you would need to have state approved Tele-Medicine equipment. You would be reimbursed the regular IOP rate per individual.

Question: Describe the Proposing entity's ability to provide assessment and intensive outpatient treatment services via electronic Tele-medicine. Is TNWITS considered Tele-medicine? Or is the fact that we have Skype capabilities Tele-medicine?

Answer: You would need to have state approved equipment to provide assessment and IOP services via Tele-medicine. TNWITS is not considered Tele-medicine.

Evaluation Criteria

Question: What will be the evaluation guidelines/criteria that reviewers will use to evaluate proposals, per section?

Answer: How thoroughly and accurately each section is addressed.

Question: Scope of Services. Outcomes. What state approved forms must be used? Is this the discharge ASI?

Answer: Once the forms are determined they will be distributed. This is not the discharge ASI.

Question: Attachment C-1 v. Is TNWITS the "outcome evaluation forms" mentioned?

Answer: No, once the forms are determined they will be distributed.

Scoring

Question:

It was my understanding that the AOF would specify how many points can be earned on each individual item. Is that not the case?

Answer:

No, this information is not included in the Announcement of Funding and will not be provided.

Question:

Can you describe the scoring points available for the proposal and the number of points available for each section?

Answer:

No, this information is not included in the Announcement of Funding and will not be provided.

Question:

Will you provide a breakdown of the 200 points assigned by proposal component of the grant proposal so we can see the relative scoring weight of each component for scoring purposes?

Answer:

No, this information is not included in the Announcement of Funding and will not be provided.

Question: Can you provide the scoring so we can know how each section is weighted in terms of importance?

Answer: No, this information is not included in the Announcement of Funding and will not be provided.

Question: Can we get an explanation of the scoring?

Answer: Yes, you can request your scoring sheet after announcement of accepted proposals is made.

General Questions

Question: When numbering pages, do we begin with the cover page as #1 or do we follow the chart on page 19 and begin numbering pages with the Proposal Narrative? Are the Table of Contents and Cover Sheet included in the numbers? Page 9 says to begin with the Cover Sheet and page 11 says begin numbering with Proposal Narrative.

Answer: You will begin numbering with the Cover Sheet as page #1. Page 11 is referring to the Table of Contents.

Question: If your organization is submitting proposals for more than one program area (for example 3 program areas), to be clear, that means writing the General Questions once and completing the program section for each of the 3 program areas, correct? That is three (3) separate, completed proposals and each of the 3 proposals may not exceed 15 pages for a maximum number of pages without attachments equaling 45 pages. Is this correct?

Answer: The answer to the first question is yes. The answer to the 2nd question is also yes although we have now amended the page requirement and it is 20 pages for each separate proposal.

Question: On page 9, in the assembly – where does the eligibility information go? On page 9 in the assembly – where does the budget go?

On page 9 in the assembly – where does the proof of 501 (c) (3) go?

Answer: The eligibility and proof of 501 (c) (3) will be attachments. You will not submit a budget at this time.

Question:

Rod emphasized strongly at a recent TAADAS meeting that we should “explain everything!!” in our responses to the questions – and told us to not assume the readers will know the terms and jargon. Is it okay to explain things like the term “co-occurring disorders” the first time it is used, and then not provide an explanation every other time it is used after that? Does this apply to all terms, acronyms, etc.?

Answer: Yes and yes.

Question: On the cover sheet, you ask for the Edison number. Do you mean the “Edison ID” number or the “Edison Vendor ID” number? They are two different numbers on our continuum contract.

Answer: Your Edison Vendor ID number is the one you will use.

Question: Can the proposing entity apply to provide services in more than one region?

Answer: Yes.

Question: Would you consider releasing a copy of the AOF in MS Word format so that proposers can work with the document and forms more easily?

Answer: No, the document is only available as a PDF.

Question: Is there a compliance issue with partially streamlining populations in common treatment areas (e.g., Hazelden IOP curricula, while separating into appropriate treatment populations for population specific treatment areas)?

Answer: We need further clarification in order to answer this question.

Question: How soon after the Information session will answers to these questions be posted to the State’s website?

Answer: They will be posted by January 13, 2012 as stated in the timeline on page 4 of the AOF.

Question: Who will review the Treatment Continuum grant proposals?

Answer: A variety of internal and external reviewers will be utilized to review the proposals.

Question: Will the state approved outcome evaluation service begin with the 2012/2013 funding cycle? Is there currently a state approved outcome evaluation service being used?

Answer: There is not currently a state approved outcome evaluation service. It is anticipated that there will be one in 2012/2013. Previous monitoring reviews may be taken into consideration when reviewing proposals.

Question: Can we get Attachments A&B in word rather than as a PDF?

Answer: Yes, we will post Attachments A&B in word on department website.

Question: Who pays for mental health medications if someone is co-occurring and prescribed mental health meds?

Answer: You might seek assistance from drug companies.

Question: When would you use recovery checkups?

Answer: You would use them towards the end of a course of treatment to keep the client engaged to further their recovery.

Question: Job descriptions-on page 21 it states that we are to provide job descriptions for each of the jobs identified in the project budget. However, since we are not completing a budget, are we only required to address the positions somewhere in the narrative or do we simply include the job descriptions as attachments?

Answer: You will include the job descriptions as attachments.

Question: Could you please clarify exactly how TDMH interprets for defines “women with dependent children”? For example: does this mean women who need treatment and have custody of their children who are living with them? Could it mean women who have children who may not currently have custody of the children?

Answer: This could mean women who have custody or those who are working to regain custody.

Question: Again, for Women’s Services, is IOP only for pregnant women or can IOP include women with dependent children? Are both groups eligible for IOP and recovery support services including transitional housing? If the woman is paying child support is she considered to have dependent children?

Answer: We have separate funding streams for Women’s Intensive Outpatient and Pregnant Intensive Outpatient. You can still serve pregnant women if you only provide women’s intensive outpatient but it would not be a pregnant specific program. Both groups are eligible for recovery services. The answer to the last question is yes, a woman paying child support would be considered to have dependent children.